



**CERTIFICATE OF APPROVED PROGRAM COMPLETION  
FOR TEACHER LICENSURE RENEWAL**

This is to certify that

\_\_\_\_\_ has completed an approved continuing education program entitled:

**2009 MEMO Fall Conference:**  
**School 2.0: Get Connected!**

1. Program/Activity was held at: Mayo Civic Center
2. Location: Rochester, Minnesota
3. Date: Friday-Saturday, October 2-3, 2009
4. Total number of clock hours of approved continuing education assigned:

\_\_\_\_\_ Friday, October 2: 8 hours

\_\_\_\_\_ Saturday, October 3: 5 hours

\_\_\_\_\_  
Signature of program initiator:

\_\_\_\_\_  
Signature of Participant:

Warning: Any alteration of this certificate by the person issuing the certificate, or by the participant for renewal could result in the denial of the licensure application.